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ABSTRACT

The process of relaxation is a complex triarchic phenomenon that incorporates behavioral, cognitive, and physiological components. Existing literature is surveyed in order to determine the efficacy of treating various forms of depression with cognitive-behavioral relaxation strategies. Relaxation training has been shown to be effective in treating a variety of psychosomatic problems, including muscle contraction headaches, asthma, hypertension, and panic attacks. Successful treatment of these problems, which have a physical and psychological overlap, indicates that relaxation training may be a beneficial intervention strategy. It also may produce acceptable success rates in treating depressive disorders when used in combination with other therapies. However, empirical findings have been mixed in regard to relaxation training's effectiveness in treating various types of depression, and more research is clearly needed before therapists can be confident that it is really effective in treating clinical depression. Contains 15 references. (TS)

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ED 401 508

IS RELAXATION TRAINING EFFECTIVE IN THE TREATMENT OF CLINICAL DEPRESSION?

by

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Running Head: Relaxation Training

Abstract: During the past two decades, relaxationtraining has been advocated in the treatmment of various psychological disorders. This paper explores the extant literature on the efficacy of relaxation in the treatment of depression.

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The process of relaxation is a complex triarchic phenomenon that incorporates behavioral, cognitive, and physiological components. Until the 1980's, relaxation training generated relatively little research, although anecdotal evidence suggested the potential benefits of incorporating relaxation training into treatment plans for various types of psychological disorders. Despite the fact that therapeutic gains have been associated with the reduction of physiological stress, many treatment programs have concentrated on behavioral/cognitive interventions, thereby ignoring an important feature of successful relaxation: reduction of stress itself. However, stress reduction may be but one of the therapeutic variables at work in the relaxation response. More recent approaches (e.g., Smith, 1990) have proposed a cognitive-behavioral relaxation training model. This model challenges the traditional arousal reduction model by incorporating stress reduction into a more holistic framework that views relaxation as a complex cognitive-behavioral process. Thus, this newer view of relaxation may make it more compatible with cognitive approaches to the treatment of depression. The purpose of this paper is to survey existing literature in order to determine the efficacy of treating various forms of depression with cognitive-behavioral relaxation strategies.

Relaxation training has been shown to be effective in treating a variety of psychosomatic problems, including muscle contraction headaches, asthma, hypertension, and panic attacks. Successful

treatment of these problems which have a physical and psychological overlap indicates that relaxation training may be a beneficial intervention strategy.

Relaxation training has been shown to relieve high levels of anxiety and to reduce associated physiological and muscular tension (Goldfried & Trier, 1974). Most traditional treatments for depression have been concerned with cognitive/behavioral interventions that sought to influence targeted cognitions or behaviors. However, studies of treatment outcomes indicate that interventions were more likely to affect non-targeted outcomes (Reynolds & Coats, 1986). The clear implication of this finding is that the type of treatment does not ensure that the specifically targeted cognitions or behaviors will be changed. Rather, one could hypothesize that a nonspecific change occurs in the general level of depression.

The outcomes of relaxation therapy indicate that numerous nonspecific factors influence the efficacy of treatments for depression (McLean & Hakstian, 1979). Furthermore, Smith (1990) states that "A relaxer may be quite unaware of the implications of his actions, that is, the chain of potential changes he is capable of setting into motion. Similarly, each supporting structure may imply additional structures outside the awareness of the relaxer (p. 44)." Smith believes that a complete assessment of relaxation must take into account the different levels of depth revealed through the cognitive processes of focusing, passivity, and receptivity.

Interestingly, there is some empirical evidence for the effectiveness of relaxation training in treating various types of depression. Relaxation training was used to reduce postpartum depression in first-time mothers (Halonen & Passman, 1985). Relaxation training paired with biofeedback significantly reduced levels of depression in chronic pain patients (Peniston, Hughes, & Kulkosky, 1986). Relaxation training was found to be as effective as cognitive-behavioral therapy in a group counseling setting designed to eliminate moderate levels of depression for adolescents (Reynolds & Coats, 1986). Meditation, a specific form of relaxation training, was used to significantly reduce depression levels in a sample of geriatric patients (Deberry, Davis, & Reinhard, 1989). Relaxation training was found to neutralize stress factors and thereby reduce levels of depression when compared to a control condition (sroota & Dhir, 1990).

Short-term relaxation training, cognitive-behavioral treatment, and self-modeling therapy were equally effective in significantly reducing levels of depression and increasing levels of self-esteem (Kahn, Kehle, Jenson, & Clark, 1990). In a study measuring clients' perceptions of multiple treatment regimens, relaxation training was rated as being among the most effective treatments and was determined to be more effective than psychotherapy or drug therapy (Rokke, Carter, Rehm, and Veltum, 1990).

However, other researchers have not found relaxation training to be so effective. For example, behavior therapy was found to be

significantly more effective in treating moderate levels of depression than either relaxation training or drug therapy (Rehm, Kaslow, & Rabin, 1987). A longitudinal assessment of four types of therapy (psychotherapy, behavior therapy, drug therapy, and relaxation training) determined that only behavior therapy was effective in producing long-term reductions in depression (McLean & Hakstian, 1990).

In order for therapies to be effective, whether specific or nonspecific, it has been argued that improving the client's sense of self-efficacy is of vital importance (Zeiss, Lewinsohn, & Munoz, 1979). According to sowers (1990), a consistent therapeutic framework offers clients a reference point from which to understand the changes occurring in their depressive symptoms, which may in turn enhance their feelings of self-efficacy. The state of physiological and psychological relaxation that is the goal of relaxation training would presumably be consistent with an increased level of personal effectiveness, at least in terms of the targeted symptoms.

Thus, the answer to the question which the title of this article poses is difficult to ascertain. It may be that relaxation training in combination with other therapies (particularly cognitive/behavioral ones) will produce acceptable success rates in treating depressive disorders, which are, according to Beck (1970), one of the most prevalent and insidious forms of psychological distress. Sroota and Dhir's(1990) research suggests that relaxation may have a mediating effect in reducing stress

which in turn produces reductions in depression. This possibility lends support to the notion that there may be some overlap in the symptomatology of depressive disorders and anxiety disorders. Another interesting point to ponder is whether relaxation training is differentially effective in treating milder or more severe forms of depression. Most of the studies reviewed here focus on clients with depressions in the milder range. It may be that relaxation techniques are relatively ineffective for those clients with more severe forms of depression. Clearly, more empirical research is needed before therapists can be confident that relaxation training is really effective in treating clinical depression.

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